CITY OF DETROIT
FINANCE DEPARTMENT
INCOME TAX
2 WOODWARD AVE. ROOM 512
DETROIT, MICHIGAN 48226-3456

## 2000

# EMPLOYER'S MONTHLY RETURN FOR DETROIT INCOME TAX WITHHELD

D941 / 501
ENCLOSED: 12 VOUCHERS & LABELS
INSTRUCTIONS
SUMMARY & ADDRESS VOUCHERS

DO NOT DESTROY

#### INSTRUCTIONS FOR D941/501

A monthly payment of Detroit income tax withheld is required for each month in which the amount withheld exceeds \$100.00. Payment is due on or before the last day of the month following the period in which the taxes were withheld.

For vouchers 1, 2, 4, 5, 7, 8, 10, and 11 fill in information requested. For vouchers 3, 6, 9, and 12 see instructions below.

A quarterly payment is allowed when the amount withheld does not exceed \$100.00 per month. Payment of withholding on a quarterly basis is due on or before the last day of the month following the quarter in which the taxes were withheld.

The payment form for the 3rd month of every quarter serves to reconcile the entire quarterly activity.

Lines 1, 2, & 3 reflect the amount of taxes withheld for each month of the period.

Line 4 reflects the total tax withheld for the quarter.

Line 5 & 6, if applicable see below.

Line 7 to subtract payments made on a monthly basis.

Line 8 is amount to be paid with this return.

Note: This form must be filed. If you have not withheld during the quarter, you must file a return with the notation "None" on line 8.

Checks should be made payable to "Treasurer, City of Detroit" and mailed to: Treasurer, City of Detroit, Income Tax, P.O. Box 67000, Detroit, Michigan 48267-1319.

Adjustment of Income Tax Withheld Lines 5 & 6 are used to correct errors made on prior returns for the current calendar year. DO NOT MAKE ADJUSTMENTS FOR UNDERCOLLECTIONS OR OVERCOLLECTIONS APPLICABLE TO A PRIOR YEAR. CONSULT THE INCOME TAX DIVISION BY CALLING 224-3315.

Employer I.D.# — Your Federal Employer Identification Number is used by the City of Detroit and is printed on your Form D941/501. If a new employer has not received a Federal Identification Number, the City will assign a temporary number. This will be in effect until the Federal number is assigned. A Federal Identification Number may be obtained from any Internal Revenue district office by filing Form SS-4. IN NO CASE SHOULD AN EMPLOYER USE A NUMBER ASSIGNED TO A PRIOR OWNER.

Correcting Preprinted Data — If your payment is for a different period than indicated or employer identification number is incorrect, the necessary corrections should be made on the face of the form. Address changes may be made on the separate address change voucher.

Final Return — If you do not expect to pay wages subject to tax in the future you must file a "Final Return" and answer the applicable questions on the reverse side of form D941/501. Complete forms W-2, Withholding Tax Statement, and DW-3, Reconciliation of Income Tax Withheld, and mail within 30 days to Treasurer, City of Detroit Income Tax, P.O. Box 67000, Detroit, Michigan 48267-1319.

Sale or Transfer of Business — If a business is sold or transferred, each employer must file a separate return. Neither employer should report wages paid by the other employer.

If a statutory merger or consolidation occurs, the continuing corporation will file in the same manner as it does for Federal withholding.

## ADDRESS CHANGE VOUCHER

FINANCE DEPARTMENT INCOME TAX CITY OF DETROIT 2 WOODWARD AVE., SUITE 512 DETROIT, MICHIGAN 48226-3456

NOTE: NAME & COMPLETE ADDRESS REQUIRED

I.D. NO.					
-		SIGNA	ATURE		
	TITLE			DATE	

	DETROIT INCO TAX WITHHEI D941/501				INCOM P.O. BOX	
	NOTE: <u>NAME</u> & <u>COM</u>	IPLETE <u>ADDRESS</u> REQUI	RED 1	AMOUN	T WITHHELD NTH THIS QTR. *	
PERIOD	DUE ON	IDENTIFICATI	ON NO.			
IF FINAL RETURN COMPLETE	CHECK HERE AND QUESTIONS ON THE REVI					
I	SIGNATU	DATE	— 8	F	AMOUNT DUE	
	DETROIT INCO TAX WITHHEI D941/501	24.440 0440 044			INCOM P.O. BOX	
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			2		T WITHHELD NTH THIS QTR.	
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	N CHECK HERE AND E QUESTIONS ON THE REV	ERSE SIDE.		SS MONTHLY	
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	NOTE: NAME & COM	MPLETE ADDRESS REQUIRED  1	AMOUNT WITHHELD 1ST MONTH THIS QTR. *	
PERIOD	DUE ON	IDENTIFICATION NO.		
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	DETROIT INC TAX WITHHE D941/501	· \	TREASURER CI INCOM P.O. BO DETROIT, MICHI	IE TAX X 67000
	NOTE: <u>NAME</u> & <u>CON</u>	MPLETE ADDRESS REQUIRED		
		2	AMOUNT WITHHELD 2ND MONTH THIS QTR. *	
PERIOD	DUE ON	IDENTIFICATION NO.		
	CHECK HERE AND QUESTIONS ON THE REV	ERSE SIDE.		
11	SIGNATU ITLE	URE 8	AMOUNT DUE	
	DETROIT INC TAX WITHHE D941/501	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	TREASURER CIT INCOM P.O. BO DETROIT, MICHI	IE TAX X 67000
	NOTE: <u>NAME</u> & <u>CON</u>	MPLETE ADDRESS REQUIRED 1	AMOUNT WITHHELD  1ST MONTH THIS QTR.	
		2	AMOUNT WITHHELD 2ND MONTH THIS QTR.	
		3	AMOUNT WITHHELD  3RD MONTH THIS QTR.  TOTAL TAX WITHHELD	
	<u> </u>	4	THIS QUARTER 5	
PERIOD	DUE ON	IDENTIFICATION NO.	ADJUSTMENT ADJUSTED TAX	
	CHECK HERE AND QUESTIONS ON THE REV	ERSE SIDE.	6 WITHHELD  LESS MONTHLY PAYMENTS	
12	SIGNATU	JIRE 7	THIS QUARTER  AMOUNT	
1 &	ITLE	DATE 8	DUE	<u> </u>

1.	Last pay period in which Detroit Taxes were withheld:	1.	Last pay period in which Detroit Taxes were withheld:	1.	Last pay period in which Detroit Taxes were withheld:
2.	Check reason for "Final Return" and answer applicable questions:	2.	Check reason for "Final Return" and answer applicable questions:	2.	Check reason for "Final Return" and answer applicable questions:
	☐ Business permanently discontinued.		☐ Business permanently discontinued.		☐ Business permanently discontinued.
	☐ Business temporarily discontinued.		☐ Business temporarily discontinued.		☐ Business temporarily discontinued.
	Operations will be resumed on		Operations will be resumed on		Operations will be resumed on
	(Date)	-	(Date)	_	(Date)
	☐ Still operating — Ceased paying wages.		☐ Still operating — Ceased paying wages.		☐ Still operating — Ceased paying wages.
	Wages will be paid starting		Wages will be paid starting		Wages will be paid starting
	(Date)		(Date)	_	(Date)
	☐ Business sold to:		☐ Business sold to:		☐ Business sold to:
	Name		Name	_	Name
	Street	-	Street	_	Street
	City	-	City	_	City
	☐ Moved out of Detroit		☐ Moved out of Detroit		☐ Moved out of Detroit
3.	Your current address:	3.	Your current address:	3.	Your current address:
	Street		Street	_	Street
	City	-	City	_	City
4.	Other:	4.	Other:	_ 4.	Other:
		-		_	
		-		_	

### **INSTRUCTIONS FOR FORM DW-3**

Who must file — Every employer must file form DW-3 for the previous year on or before the last day of February. (Please note that the remittance of fourth quarter tax withheld is due on or before January 31.) Form DW-3 serves as the transmittal statement for Form W-2. A form W-2 must be submitted for each employee:

- a. From whom Detroit tax has been withheld during the year, or
- b. Who earned wages in Detroit or lived in Detroit during the year, even though no income tax was withheld.

## Information Required

Form W-2 must set forth employer's name, address and identification number, and

- 1. Employee's name and address
- 2. Employee's social security number
- 3. Total compensation paid during the year
- 4. Amount of Detroit Income Tax withheld

This information must be furnished to the City on Copy 1 of approved W-2 form. The City will accept E.D.P. magnetic tapes in the proper format in lieu of W-2's.

**Reconciliation** — The reconciliation form DW-3 applies only to City of Detroit income taxes withheld. Line 1 must be supported by a detailed listing (such as an adding machine tape) indicating the total of taxes as shown on W-2's. Line 2 must state the total amount paid as per the summary on the reverse side of the Form DW-3. Do not list payments for more than one calendar year. Each year is reconciled separately.

Filing — Form DW-3 must be filed. If line 1 is greater than line 2, payment must accompany form DW-3. (Make checks payable to "Treasurer, City of Detroit".) If line 2 is greater than line 1 attach an explanation and request a refund of the overpayment. **DO NOT TAKE CREDIT ON ANY D941/501**, a refund will be issued by the City after verification of the facts.

*Mailing* — Mail completed DW-3 form with W-2 forms to City of Detroit Finance Department, Income Tax, 2 Woodward Ave., Suite B3, Detroit, Michigan 48226. Postal rules require that this material be sent First Class mail. Large numbers of W-2 forms may be forwarded in more than one package. Packages should be numbered serially as part of a group (e.g., 1 of 5, 2 of 5, 3 of 5, 4 of 5, 5 of 5) and be clearly marked with the name of the employer account to which they belong.

Employers desiring further information may call 224-3315.

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DW3	<b>Income T</b>	City of Detroit Income Tax Withheld		STAMP DLN HERE	
	Annuai K	econciliation		\$ <b> </b>	
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<u> </u>	<del>                                     </del>	<del>                                     </del>			
ddress (Number, S	Street or Rural Route)				
ty or Town			State	Zip Code	
Number of '	W-2s submitted				
1. Total Ta	x paid this year		1		
2. Detroit 7	Cax withheld as shown	on attached W-2s	2		
	is larger than line 1, neck payable to Treas	enter the amount of tax du urer, City of Detroit	e 3		
This reconc	liation is due on or be	fore February 28, 2001.			
Please comp	olete schedules on pag	e 2.			
best of my l	nowledge and belief i		e. If prepared by a perso	anying schedules and statements) and to the on other than the taxpayer, the declaration is	
Signature		Phone Number	Title	Date	
If prepared by oth	er than taxpayer, Fede	ral Employer Identification I	Number or Social Securi	ity Number is needed.	
Return to	):				

Coleman A. Young Municipal Center 2 Woodward Avenue, Suite B-3 Detroit, Michigan 48226

## **SUMMARY**

List payments with D941/501 employer's returns

Amount withheld as reported on quarterly returns

JANUARY	
FEBRUARY	
MARCH	
Quarter Ended M	MARCH 31 \$
APRIL	
MAY	
JUNE	
Quarter Ended J	UNE 30 \$
JULY	
AUGUST	
SEPTEMBER	
Quarter Ended S	EPT 30 \$
OCTOBER	
NOVEMBER	
DECEMBER	
Quarter Ended D	DEC 31 \$
TOTAL PAID*	\$
* (Enter on Page 1	, line 1.)

	<u> </u>
JANUARY	
FEBRUARY	
MARCH	
Quarter Ended M	MARCH 31 \$
APRIL	
MAY	
JUNE	
Quarter Ended J	UNE 30 \$
JULY	
AUGUST	
SEPTEMBER	
Quarter Ended S	EPT 30 \$
OCTOBER	
NOVEMBER	
DECEMBER	
Quarter Ended D	DEC 31 \$
TOTAL PAID*	\$
* (Enter on Page 1	, line 2.)